

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

10824569 4-14-06

**CLAIMS**

	AD FILIO		ADULTITY ASSIGNMENT		ADULTITY ASSIGNMENT	
	CHD	DEP	CHD	DEP	CHD	DEP
1						
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TOTAL IND.	4					
TOTAL DEP.	18					
TOTAL CLAIMS	22					

	CHD	DEP	CHD	DEP	CHD	DEP
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TOTAL DEP.						
TOTAL CLAIMS						